

CHESTERFIELD COUNTY
NOMINATION FOR CASH AWARDS

TEAM MEMBERS OR INDIVIDUAL RECOMMENDED FOR AWARD (include Social Security Number and Department):

Note - An attached Success Story Summary Sheet may replace the narrative portion of this form.

EXCEPTIONAL CONTRIBUTION MADE: (describe in detail; attach documentation as needed)

BENEFITS OF CONTRIBUTION:(focus on customer satisfaction, cost/time savings and quality improvement)

Recommend: ☐ Celebrating Success Award ☐ First Choice Award

Nominating Person_____ Date_____

AWARD AUTHORIZATION

- ☐ As an alternative to a cash award, individual/team members listed will be recognized as follows for their contributions:

- ☐ I grant a Celebrating Success Award in the amount of \$_____ for the individual named or each team member listed. The award should be paid on the payday of _____ and charged to Fund _____ and Center _____.
- ☐ I grant a First Choice Award in the amount of \$_____ for the individual named or each team member listed. The award should be paid on the payday of _____ and charged to Fund _____ and Center _____.
- ☐ *Check here if award is to be paid as a separate check*

Comments:

Authorizing Signature _____ Dept. _____ Date _____

Submit this form to HRM for processing. Requests for awards must be received in HRM ten days before the requested payday, or they will be processed with the following payroll. All cash award payments will be charged to account 51160 (Award Pay).